| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number $10/680423$ | | | | |
|---|--|---|---------------------------------------|-----------------------------------|---------------------|------------------|--|---------------------|--|----|----------------------------|------------------------|--|
| | | CLAIMS | (Column 1) (Column 2) | | | | | SMALL EN | ПТҮ | OR | OTHER THAN OR SMALL ENTITY | | |
| U.S. NATIONAL STAGE FEES | | | | | | | 7 | RATE | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | | | | | 7 | BASIC FEE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | | 1 | EXAM. FEE | 200 | |
| SEARCH FEE | | | | | | | | SEARCH FEE | | ĺ | SEARCH FEE | 100 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | 700 | |
| TOTAL CHARGEABLE CLAIMS | | | 55 minus 20 = * 3 | | | 5 | 1 | X \$ 25 = | | OR | X \$ 50 = | 1750 | |
| INDEPENDENT CLAIMS | | | 5 minus 3 = * | | | 2 | 1 | X \$ 100 = | | OR | X \$ 200 = | Uni | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | 700 | |
| * If | the difference | in column 1 is | less than zero, enter "0" in co | | | olumn 2 | J | TOTAL | | OR | TOTAL | 2757 | |
| | | (Column 1) CLAIMS REMAINING AFTER | (Column 2) HIGHEST NUMBER PREVIOUSLY | | | PRESENT EXTRA |] | SMALL E | NTITY ADDI- TIONAL | OR | OTHER 1 | | |
| AMENDMENT | | AMENDMENT | | PAID | | EXTRA | 1 1 | | FEE | | | FEE | |
| | Total | * | Minus | ** | | = | ↓ | X \$ 25 = | | OR | X \$ 50 = | 12 | |
| | Independent | * | Minus | *** | | = | 1 1 | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | FFF | | |
| | | (Column 1) | • | (Colun | nn 2) | (Column 3) | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | EST BER JUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | $\lceil \rceil$ | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |